

MULTIPLE DEPEN.
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIM

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT					
	IND.		DEP.		IND.			IND.		DEP.		IND.		DEP.			
1	1							51									
2		1						52									
3		1						53									
4		1						54									
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46		1						96									
47		1						97									
48		1						98									
49		1						99									
50		1						100									
TOTAL IND.	1																
TOTAL DEP.	17																
TOTAL CLAIMS	18																